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## Chapter 2: Hawaii

The case study of Title V in Hawaii, which focuses on the national evaluation community of Kaneohe, demonstrates that despite the challenges of implementing the Title V model as designed, stakeholders were able to plan, implement, and sustain the Title V prevention activities within their unique community setting. Even though all of the stages of the model were not implemented fully, or implemented as designed, the essence of the Title V model was achieved in Kaneohe.

The first section of this case study presents and discusses state support for Title V from 1997 to 2000. The next section presents and discusses the Title V initiative in Kaneohe from 1997 to 2000. The final section presents concluding remarks on Title V in Hawaii.

This summary is based on three primary data sources that were gathered throughout Kaneohe's participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Hawaii's Title V documentation, including the request for proposals and the community grant applications; a review of Kaneohe's Title V documentation, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the case study report includes the evaluation team's interpretation of the case study data that represents Caliber's experience of working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

### State Support for Title V

Hawaii was eligible to receive \$100,000 in Title V funds annually from 1997 through 2000, the minimum federal support provided under the Title V program. This level of funding was based on the size of Hawaii's juvenile population, which determines the amount of Title V funds available. Given its limited resources, the Hawaii Office of Youth Services, the state agency in Hawaii that implements Title V, chose to support three or fewer communities with 3 years of sizable grant awards, rather than supporting a larger number of subgrantees with smaller grant awards. Since the beginning of Title V in 1994, Hawaii has funded seven Title V communities. The implementation of Title V at the state level and the prevention activities in Kaneohe may have changed since the writing of this case study.

### Hawaii's Granting Process

The Department of Human Services, Office of Youth Services, administers the Title V program in Hawaii. To prevent delinquency and reduce recidivism through prevention, rehabilitation, and treatment services, Hawaii's Office of Youth Services develops and provides a continuum of services for youth at risk. When the office's administrative staff, including Hawaii's juvenile justice specialist and juvenile justice program assistant, determine that enough federal resources are available to fund Title V subgrantees for a full 3-year period, the office releases a Title V request for proposal.

Once the deadline for submitting proposals has passed, all Title V applications are forwarded to the State Advisory Group (SAG) Title V review committee, whose members are designated by the SAG prevention committee. The Title V review committee can include SAG members, Office of Youth

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Services staff, and other citizens. In consultation with the Office of Youth Services, the committee reviews the applications and makes funding recommendations to the office's administrative staff. The Office of Youth Services makes the final award decisions. In 1999, the state juvenile justice specialist developed and implemented a Title V application rating system to help the Title V review committee rate grant applications objectively and systematically on the basis of the federal Title V program guidelines and state prevention priorities.

## **Training and Technical Assistance**

Hawaii has provided federally funded Title V training to support the efforts of its applicants. During the period under study, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) had contracted with Developmental Research and Programs, Inc., to provide Title V training. These trainings were based on the Communities That Care curriculum and consisted of three sessions: key leader orientation, risk and resource assessment, and promising approaches. Interested parties in Hawaii were encouraged to participate in the three sessions before they submitted a grant application. Grantees were not required to attend training before applying for Title V funds.

## **Evaluation**

In 1997, which is the year Hawaii's national evaluation case study community applied for a Title V grant, the Title V application packet required applicants to include with their application a description of their proposed evaluation process. Applicants' evaluation plans were required to include steps to:

- ❖ Monitor program performance against stated targets and milestones.
- ❖ Measure program outcomes.
- ❖ Track changes in risk-factor indicators.

No supplemental evaluation support was provided to Title V communities by the state of Hawaii.

## **Other State Factors**

Title V represents one of the first collaborative efforts in Hawaii between state and local governments in the area of juvenile delinquency prevention. In Hawaii, the state maintains most of the responsibility for human services, including most publicly funded youth services programs. For example, the state government has responsibility for the administration of the public school system.

One impact of this structure of human services administration is that the state Office of Youth Services did not have an established, collaborative relationship with local governments that would facilitate its support of communities implementing the Title V initiative. In addition, because of the state's statutory responsibilities, the Office of Youth Services was required to enter into contractual sub-recipient agreements with units of local government in order to disburse the Title V funds.

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## Interpretation

Overall, Hawaii tried to implement the Title V model with fidelity. Hawaii's Title V request for proposals provided prospective applicants with a broad outline of the Title V process. However, it contained few details and provided little guidance on the nuances of the model. In an effort to provide more structured guidance to potential grantees, the Title V request for proposals was revised in 1999. Because the national evaluation team's Title V experience in Hawaii was limited to its involvement with Kaneohe, the extent to which the revised application was effective in giving more structured guidance to potential grantees is not known. In addition, because of their involvement in the Title V national evaluation, state and local government personnel placed a strong emphasis on requiring the Title V communities to follow the Title V guidelines as closely as possible and monitoring their efforts closely. This strict monitoring of compliance with Title V guidelines often overshadowed state and local government efforts to support the Title V grantees' ability to meet the needs of youth in their communities.

In Hawaii, no strong state structure existed to support the Title V communities in their community mobilization processes. A number of factors contributed to the state's lack of support for this phase of the Title V model. First, as mentioned previously, there had been few prior state-local juvenile justice collaborative efforts in Hawaii. Also, earlier community-based prevention efforts had not formalized the process of community mobilization in a manner similar to that required by the Title V initiative. As a result, community-based prevention groups in Hawaii had formed primarily because they had a common interest in addressing youth needs, not to develop a formal organization with the goal of pursuing grant funding.

When the state of Hawaii began to offer Title V funds, existing community-based prevention groups that focused on youth issues were often approached by units of local governments to apply for funding. While building on the strengths of the existing collaborative groups, the state and/or local governments often encouraged the community-based prevention groups to conform to the Title V guidelines for a prevention policy board (e.g., 15 to 21 members of the community that represent a balance of public agencies, nonprofit organizations, private businesses and industries, at-risk youth, and parents), even when a new structure or membership might not benefit the group's functioning.

OJJDP-sponsored Title V training was offered by the state approximately every 3 years, just before each Title V funding cycle. Though OJJDP makes training available to all states, it is up to the state to determine when the training occurs and, when it does, how it is structured. Communities that were unable to attend the training as scheduled either did not receive training or, in some cases, were given training after their Title V implementation process had begun. According to some community representatives, receiving training postgrant was not particularly helpful and, in some cases, derailed existing efforts as grantees worked to integrate what they learned in training into their prevention efforts. For example, some grantees reported having to go back and conduct a community assessment while midway through their implementation process.

The state's guidance for initial assessment and planning was conveyed primarily through the Title V training. Because Title V training guides community stakeholders through the process of assessing the community's risk and protective factors, the state did not provide much additional guidance on this process in the Title V application packet. Nevertheless, communities that submitted a strong assessment

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of risk and protective factors were given priority consideration for funding in the 1997 request for proposals. Thus, communities that had local planning expertise or access to existing risk and protective factor data were often more successful in competing for Title V funds than communities that had no prior experience or expertise in this area.

State requirements and guidance regarding implementation of prevention strategies were also limited. In 1997, there was no requirement that applicants for Title V funds implement a promising or science-based prevention program. In addition, the state of Hawaii did not offer promising approaches training that year. The review criteria for the 1997 Title V grant application required only that the proposed service delivery methods be appropriate to meet stated objectives or outcomes.

The state of Hawaii requested that Title V applicants include an evaluation plan for tracking risk factors and prevention strategy outcomes, but it gave little support to Title V communities to carry out this complex and often unfamiliar task. Participation in the Title V national evaluation did, however, increase the attention of state, local, and Title V program staff to evaluation issues. Resource constraints, a lack of evaluation expertise, and other implementation priorities limited the state's ability to support Title V communities adequately in evaluation activities. Although evaluation was not a priority, state and local government personnel monitored closely the Title V grantees' adherence to the Title V guidelines. In addition, formal subrecipient agreements were executed between the state and the unit of local government and then between the unit of local government and the grantee. Though this process was unique to Hawaii's governmental structure, the strict financial monitoring that was part of this contractual relationship created tension between the unit of local government and the grantees that, over time, became a significant barrier to collaboration.

In relation to institutionalization, state-level stakeholders in Hawaii believed that 3 years of Title V funding could support a community in building a prevention initiative that would be a viable candidate for continued funding from other public and private sources. This belief was based on recognition that the Title V funds allowed the state to support grassroots groups that often had worked for some time to address community concerns with limited resources. The 1997 request for proposals asked applicants to include a strategy that "transfers ownership of the activities to the community for continued implementation" following the conclusion of the grant. In 2000, three of Hawaii's Title V grantees were able to secure continuation funding to sustain many of the activities that were initiated with Title V grants.

## Summary

Although Hawaii was able to provide only limited support to Title V communities, and in spite of its unique legislative constraints, the state did attempt to follow the Title V model. It also required the Title V communities to complete all the stages of the model and implement their strategies in accordance with the Title V guidelines. The level of accountability for the implementation of Title V by the communities was heightened by the formal subrecipient agreements that were executed among all parties (the state, the unit of local government, and the Title V fiscal agent). These formal contracts hindered implementation of the Title V model. This factor, as well as the limited collaboration between the state and local governments in administering Title V, was a significant impediment to the success of several early Title V communities in Hawaii.

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## Honolulu (Kaneohe)

This case study documents the Title V process in Kaneohe from its initial planning in 1997 through the end of its Title V funding in September 2000. Despite many challenges (e.g., lack of communitywide training, limited support from key stakeholders, and abbreviated timelines), the Title V initiative in Kaneohe was successful in the planning, implementation, and institutionalization of the activities of the Castle Wellness Center.

This presentation begins with a brief community description and discussion of the role of Title V in Kaneohe. It continues with discussions of the five stages of the Title V model as implemented in Kaneohe: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data, including an analysis of the extent to which the community implemented the Title V model.

### Brief Community Description

Kaneohe is located in the city and county of Honolulu on the eastern coast of the island of Oahu along Highway 830 near Kaneohe Bay and Mokuoloe Island. *The Revised Neighborhood Plan of the City and County of Honolulu: 1986* designates Kaneohe as 1 of 35 “neighborhoods.”

Calendar year 2000 census data for Honolulu County estimate the total population at 881,295. The population is quite diverse: 46 percent are of Asian descent, 21.3 percent are white, 8.9 percent are Native Hawaiian and Other Pacific Islanders, and 19.9 percent report two or more races.

According to a recent School Status and Improvement Report for J.B. Castle High School (Castle High School) in Kaneohe, 10.7 percent of children (ages 3–19) in the “school community” live below the poverty level. Castle High School serves an ethnically diverse community of about 50,000 people and enrolls more than 2,000 students in grades 9–12.

#### Honolulu (Kaneohe)

**Funding period:** June 1998–September 2000

**Amount of Title V funding:** \$118,147

**Unit of local government:** The city and county of Honolulu

**Lead agency:** Castle Medical Center

### Title V in Kaneohe

Before the Title V initiative, Castle High School was supported by at least two collaborative groups: the School-Community Based Management Team, a state-mandated community collaborative designed to address a variety of school issues, and the Castle Partnership for Teens, a local group of school and community stakeholders formed to address health and wellness issues for students. The Castle Partnership for Teens became the prevention policy board for Kaneohe's Title V initiative.

The Title V initiative was focused on the “community” of Castle High School. Title V funds were used to establish the Castle Wellness Center, which coordinates community-based health and wellness

services to students. The Castle Partnership for Teens had been working on prevention issues for several years, and its receipt of a Title V grant allowed it to formalize, focus its efforts, and hire a full-time project coordinator. Figure 2.1 is a timeline of Title V in Kaneohe.

**Figure 2.1: Kaneohe Timeline for the Title V Initiative**

1995	Castle Partnership for Teens (CPT) formed
1997	CPT applies for Title V grant
1998	CPT receives Title V grant to fund the Castle Wellness Center (CWC)
	CWC Coordinator hired
	Abbreviated Year 1 of Title V implementation completed
1999	CWC fully operational
2000	Title V grant ends; expansion of CWC activities funded by Castle Medical Center and the state's Coordinated School Health Program

## Community Mobilization and Collaboration

The Title V process of community mobilization and collaboration includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training.

### Introducing Community Prevention to Key Leaders

In April 1995, Castle High School and Castle Medical Center, a full-service hospital on Oahu, formed a new alliance named the Castle Partnership for Teens to implement strategies to reduce Castle High School's rate of teen pregnancy, which in the mid-1990s was one of the highest in the state. The partnership recruited membership from community-based health and human services agencies, including the Hawaii Department of Health—Health Services Branch, the Queen Lili'uokalani Children's Center, the Kaneohe Community Family Center, and the Hawaii Counseling and Education Center.

With the assistance of a group facilitator provided by Castle Medical Center, members of the partnership developed health-based programming priorities and recruited additional service providers in the area to join their efforts. Initially, this group brought a series of speakers to Castle High School to address health topics. In subsequent years, the partnership sponsored a successful Community Wellness Fair, held on the high school campus.

After working for several years on reducing teen pregnancy, the Castle Partnership for Teens began to focus more broadly on adolescent wellness, as noted by one member of the partnership:

we knew that to really address teen pregnancy, we wanted to ... focus in [on] all of the life skills, because ... we needed our kids healthy, with good self-esteem and feeling

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good enough about themselves that they could say no to any pressure, whether it was gangs, violence, sex, drugs, whatever.

As its focus expanded, the partnership was able to pursue more opportunities for funding for prevention activities. For example, it received a grant from the Hawaii Department of Health for the Healthy Mothers, Healthy Babies project and funds from the Community Sexual Assault block grant for student forums. It also received a small grant through collaboration with the American Association of University Women to produce a sexual assault prevention/awareness video. The partnership was working on these small, grant-funded projects when it was invited to apply for a Title V grant. According to one member, “we were collecting these little grants, that’s when Title V came along and became the big piece of our puzzle.”

In 1997, when the city and county of Honolulu’s original applicant for the Title V funds dropped out of the application process very close to the application due date, the Castle Partnership for Teens was contacted about applying for the funds. After reviewing the application package, the partnership believed that the Title V grant would support the implementation and coordination of health and wellness services for Castle High School students and decided to apply for the funding.

### **Prevention Policy Board**

The Castle Partnership for Teens served as the prevention policy board for the Kaneohe Title V initiative. After the Title V grant was awarded, the partnership was renamed the Castle Wellness Center Leadership Team.

In 1997, the Castle Partnership for Teens was co-chaired by the Castle High School principal and a program director of Castle Medical Center, two key stakeholders who had founded the group. The group’s structure also included three committees: the Wellness Clinic Committee, the Ho’ihi Integration Committee, and the Community Relations Committee. Despite its formal structure, the partnership was an informal volunteer group and, prior to receiving the Title V grant, did not have a paid coordinator.

The mission of the Castle Partnership for Teens was to develop community awareness through education, media, and other avenues and, in collaboration with other community agencies, groups, schools, and businesses, to reduce teen pregnancy. The group included representation from the American Association of University Women, Castle High School, the K.E.Y. Project, the Hawaii Department of Health, Castle Medical Center, the Kaneohe Community Family Center, the Quenn Lili’uokalani Children’s Center, the Hawaii Counseling and Education Center, the city and county of Honolulu Parks and Recreation Department, local television station KITV, and Castle High School parents and students. In addition, city council and state representatives’ staff members often attended partnership meetings.

During the 3 years of implementation of the Title V initiative (26 months of funding), the membership of the Castle Wellness Center Leadership Team fluctuated as agency representatives changed and new organizations and members were recruited to participate. Most notably, shortly after the Title V grant award, the Castle High School principal, a program director of Castle Medical Center, and a key representative from the Kaneohe Community Family Center resigned from their organizations and also left the team. In an attempt to fill the resulting void, the leadership team formed an executive committee

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consisting of one representative from the Castle High School Administration, the Castle Medical Center, Castle High School parents, service providers, and Castle High School faculty/staff; the Castle Wellness Center coordinator; and two Castle High School students. Before the formation of the executive committee, decisions had been made by a consensus of the entire leadership team, and the team found that getting consistent input from members who did not regularly attend meetings was difficult. During the final year of the Title V initiative, the leadership team held a retreat to refocus on its mission.

The Castle Wellness Center coordinator reported that a lot of effort was needed to keep the leadership team operating over the 3-year period of the grant. She reported that “it is an ever-dwindling group.” She felt that the core group on the board was always supportive. The challenge was to gather the entire team for meetings. The coordinator felt that since her primary responsibility was implementing the Title V programs she would have preferred to have another person coordinate the team, but that role was also assigned to her.

### **Community Prevention Training**

Before they were approached about applying for the Title V funds, several members of the Castle Partnership for Teens attended the federally sponsored risk and resource assessment training provided by Developmental Research and Programs, Inc. After the partnership decided to apply for the Title V grant, however, the members who had attended the training were not involved in writing the Title V grant application. In addition, no members attended the other two Title V training sessions before writing the Title V grant application. According to the year 1 final program report, members of the Kaneohe community attended the risk and resource assessment training; however, they were not active participants in the Castle Partnership for Teens, and no transfer of knowledge occurred.

Since the state of Hawaii only offers Title V training in years prior to the release of a Title V grant application, Title V training was not held in the state again until 1999. At that time, several members of the Castle Wellness Center Leadership Team, including the coordinator, did attend the risk and resource assessment training, even though by that time they were in the second year of Title V implementation.

The coordinator noted that going to Title V training after the fact was difficult because the center’s projects were already planned and therefore the training information was not as helpful as it would have been during the grant planning process. Original members of the leadership team also were frustrated by the lack of timely training on the Title V process:

not having had the training and realizing that even a lot of our data collection was really being done under the wire and we realized the process was obviously a process that should have taken months and we were doing it in weeks. So, I don’t think we ever quite fully got that part...the risk factors and all of that.

### **Factors That Influenced Community Mobilization and Collaboration**

Beginning in the spring of 1995, the leadership of Castle High School and Castle Medical Center led community mobilization and collaboration efforts on prevention issues in Kaneohe. The original collaboration benefited from its member organizations’ contributions of in-kind time and their

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experience in delivering services to youth. Several factors contributed to Kaneohe's success in preparing for the Title V initiative, including the following:

- ❖ **History of successful collaboration.** When it applied for the Title V grant, the Castle Partnership for Teens had existed for more than 2 years, so its members had had time to develop strong professional and personal relationships. Also, previous success implementing grant programs, including the Hawaii Department of Health's Healthy Mothers/Healthy Babies grant, gave the group confidence "to move to the next level of group organization" by applying for the Title V funds.
- ❖ **Understanding of the community issues.** Even though key leaders did not receive timely Title V training, through their ongoing work in the school community, and because of their professional expertise, they understood how to raise awareness about the health and wellness needs of Castle High School students.

## Initial Assessment and Planning

Title V's initial assessment and planning process includes identifying risk factors, resources, and prevention programs and developing a 3-year comprehensive prevention plan. This section describes the process of initial assessment and planning for the Title V initiative in Kaneohe during 1997 and 1998. It also discusses the factors that influenced Kaneohe's initial assessment and planning process.

### Identifying Risk Factors, Resources, and Prevention Programs

The Castle Partnership for Teens was provided with manuals from the federally funded Communities That Care training curriculum to guide it through the process of identifying risk factors, resources, and prevention programs. The partnership based its initial application on existing data sources provided by Castle High School and other partner agencies. It used these data to compile statistics on youth risk behaviors at Castle High School for pregnancy/sexual behavior, drug and alcohol use, violence and antisocial behavior, and sexual assault and harassment.

After describing the negative health and wellness statistics for students at Castle High School, the Title V grant application included a plan to implement a new initiative at Castle High School, the Castle Wellness Center. The center was designed "to provide prevention and early intervention services that will develop resiliency and positive decision-making skills in our teens in order to reduce ...high-risk behaviors." With the leadership of a full-time project director, the center would:

- ❖ Provide support groups for students.
- ❖ Partner with the support services offered on campus by school staff and community agencies.
- ❖ Bring in community agencies to fill service gaps.
- ❖ Provide basic health services, such as testing for tuberculosis, vision testing, and the physical examinations required for students to participate in sports.
- ❖ Coordinate community service opportunities for students.

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The center's plan did not include promising or science-based prevention or early intervention strategies. It did, however, include several common youth development strategies, such as providing youth with supportive listening from adults and peers and linking youth to community service opportunities.

The SAG Title V Review Committee found that the Title V grant application submitted by the Castle Partnership for Teens did not use a risk-focused prevention model in the collection or presentation of data and therefore returned the application for revisions. The revised Title V grant application submitted by the partnership in January 1998 contained youth and community data from a number of sources, including the Comprehensive Student Alienation Program, the School Status and Improvement Plan, the School to Work Strategic Plan, the Castle High School Sexual Harassment Survey, and the 1996–97 Castle High School Peer Education Program Student Needs Survey. The data assessment was presented in such a way that it identified the need for Castle High School to focus on student wellness efforts, including schoolwide and classroom prevention strategies involving students, staff, parents, and members of the community.

The revised Title V grant application also linked the formation of the Castle Wellness Center to the reduction of five risk factors identified in the Title V training materials:

- ❖ Family management problems.
- ❖ Early and persistent antisocial behavior.
- ❖ Lack of commitment to school.
- ❖ Friends who engage in problem behaviors.
- ❖ Alienation and rebelliousness.

The revised grant application did not list any protective factors for enhancement by the Title V initiative and did not revise the plan for the center.

Once the Title V Review Committee accepted the revised Title V application, the Office of Youth Services advised the partnership to reduce the number of risk factors to be addressed by the project to three:

- ❖ Lack of commitment to school.
- ❖ Friends who engage in problem behaviors.
- ❖ Alienation and rebelliousness.

The Office of Youth Services believed that reducing the number of risk factors from five to three might help the partnership focus its implementation efforts.

### **Developing a Comprehensive Prevention Plan**

In addition to the assessment of risk and protective factors, the initial Title V grant application included the formation of the Castle Wellness Center as the prevention strategy to be implemented with the Title V funds. This prevention strategy served as Kaneohe's Comprehensive Prevention Plan. It described the consensus-building, community collaboration, service development, program development, and evaluation activities that, over the next 3 years, would create a separate, self-contained Castle Wellness Center on the high school campus. The progress of the project was to be monitored through a 360-

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degree evaluation process that would include students, parents, schools, and the Castle Partnership for Teens.

Under the umbrella of the Castle Wellness Center, five strategies were established to address the risk factors identified for students at Castle High School:

- ❖ Provide awareness sessions and information to students, families, and staff to address risk factors, skills, and opportunities.
- ❖ Coordinate and increase support services for students, staff, and families.
- ❖ Support the development of protective factors (skills, opportunities, recognition) associated with existing curricular, co-curricular, and extra-curricular programs on campus.
- ❖ Support the development of community service and service learning opportunities.
- ❖ Coordinate and support future projects that will continue to address risk factors.

According to the Title V grant application, achieving each of these objectives would reduce risk factor indicators by 10 percent per year.

Three primary process and outcome measures were established to monitor Title V activities over time and to meet reporting requirements to the unit of local government. These measures are presented in sidebar 2.1.

### Factors That Influenced Initial Assessment and Planning

According to several key stakeholders in the Castle Partnership for Teens, the process of assessment and planning for the Title V initiative in Kaneohe was frustrating. It was mainly hindered by the following two factors:

- ❖ **Abbreviated timeline.** The period of time between when the partnership was asked to apply for the Title V funds and the due date for submission was short. For this reason, the partnership did not collect any new data for the assessment. Rather, it relied on previous needs assessment data that were not collected using a risk- and protective-factors model.

### Process and Outcome Measures

**Percentage of students receiving services through the Castle Wellness Center network who improve personal functioning in at least one identified problem area, comparing the quarter before services with the quarter at discharge—**

- ♦ Attendance: Decrease absences from nine or more to five or fewer per quarter.
- ♦ Academics: Improve grade point average (GPA) by 0.5, or maintain 2.0 GPA.
- ♦ Behavioral: Decrease number of disciplinary referrals by 25 percent, or maintain zero referrals.

Method of measurement: Comparison of records on attendance, academics, and behavior before and after services.

**Percentage of agencies and Castle High School programs coordinating services to Castle High School students—**

- ♦ Percentage participating in the Castle Student Assistance Network referral system.
- ♦ Percentage attending at least one meeting sponsored by the Wellness Center per month.
- ♦ Percentage-sharing data.

Method of measurement: Signed memorandum of agreement that includes, but is not limited to, the above.

- ❖ **Lack of Title V training.** The members of the partnership who attended the federally sponsored Communities That Care risk and resource assessment training did not participate in writing the Title V application. Also, the techniques and strategies required to accomplish this task were not conveyed to the members who did write the grant application.

## Implementation of Prevention Strategies

The Title V process of identifying and implementing prevention strategies includes the launch of services and activities and the identification and leveraging of other resources. The implementation phase of Kaneohe's Title V initiative had the following key components:

- ❖ Kaneohe received Title V funds from June 1998 through September 2000 (i.e., 26[28?] months).
- ❖ Kaneohe received \$118,147 in total Title V funding, with a 50-percent match in local in-kind and monetary contributions from the partnership's member organizations, other volunteers, and Castle High School.
- ❖ The City and County of Honolulu served as the unit of local government and Castle Medical Center served as the fiscal agent.

Kaneohe's Title V funds were used primarily to support one full-time Castle Wellness Center coordinator, who implemented and managed various prevention strategies, which are summarized in table 2.1.

**Table 2.1: Prevention Strategies Implemented by the Kaneohe Title V Initiative**

Risk Factor To Be Addressed	Prevention Strategy Implemented	Implementation Period (in Years)
<b>Lack of commitment to school</b>	Castle Wellness Center (CWC) coordinator	1–3
	Castle student assistance network referral system/review team	2
<b>Alienation and rebelliousness</b>	CWC coordinator	1–3
	Student support groups	2–3
<b>Friends who engage in problem behaviors</b>	CWC coordinator	1–3
	Special health and wellness events: Sexual assault prevention video	1–3
	Special health and wellness events: Teen Wellness Directory	1–3
	Special health and wellness events: Reduced-price athletic physicals	2–3

### Year 1

The process of finalizing the Title V contract between Hawaii's Office of Youth Services and the city and county of Honolulu and the subrecipient agreement between the city and county of Honolulu and Castle Medical Center delayed implementation in year 1. The fiscal management was difficult, and unclear lines of communication and authority between the City and County of Honolulu and the state of

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Hawaii compounded the problem. Ultimately, the city representatives asserted their role as the contractor and funder of the project. Until this role was clarified, some members of the Castle Wellness Center Leadership Team believed that their contractual obligations were to the Office of Youth Services. Because of these management issues, the center's program activities did not begin until September 1998, rather than in the spring of the 1997–98 school year as originally planned.

In the abbreviated first year of implementation, the center's coordinator worked closely with the leadership team to begin consensus building, community collaboration, and program development activities to create a system that would assess and meet the needs of Castle High School students through a collaborative network of service providers. Specific activities of the coordinator included:

- ❖ Conducting in-service training for Castle High School staff on the center's planned services and the new Castle Student Assistance Network Referral System.
- ❖ Conducting in-service training for Castle High School students on the center's planned services.
- ❖ Conducting parent forums on the center's planned services.
- ❖ Producing and distributing a handbook for parents that provided information on the center and the agencies and programs involved.

Two activities planned for implementation in year 1 were not completed because of a delay in Castle Medical Center's receiving a signed contract and official notice to proceed:

- ❖ Implementing new support groups to address youth risk factors.
- ❖ Formalizing the relationships and responsibilities of partnering agencies and Castle High School programs through new memorandums of agreement.

## **Year 2**

In year 2 (November 1998 through September 1999), the Castle Wellness Center became fully operational, offering both a systems change project (the Castle Student Assistance Network Referral System) and several service delivery programs (student support groups and special health and wellness events). In addition to the youth-focused activities, several events to “establish the [center's] identity” were held, including an open house, faculty in-service presentations, parent orientations, and contacts with service provider agencies. The center's activities were locally developed projects designed to meet the health and wellness needs of Castle High School students. The activities included common prevention and early intervention strategies, but they were not developed using a risk- and protection-focused model of delinquency prevention, nor were they science-based approaches. Brief descriptions of the prevention activities implemented in year 2 are provided below.

### *Castle Student Assistance Network Referral System and Review Team*

Prior to receiving the Title V grant, the Castle Wellness Center Leadership Team wanted to revive the Castle Student Assistance Network program that had previously operated at Castle High School.

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According to program documentation: “The CSAN Referral System is a way of identifying students in need, linking them with appropriate support services, and documenting the process. The CSAN Review Team, made up of representatives from the CSAN providers group (Castle High School Counseling, Teen C.A.R.E., CWC, K.E.Y. Project, Castle High School Individual Education Plan teachers, Castle High School Administration, Ho’omaka Hou, and QLCC), is scheduled to meet weekly or as needed to review CSAN referrals and determine appropriate assessment of providers.

In year 2, the Castle Student Assistance Network Referral System processed 141 nonduplicated student referrals for academic services, career services, and personal counseling; health resources information and referral to medical services; mediation and peer listening; and individual and family psychosocial services. To avoid duplication and to match students to services, the Castle Wellness Center coordinator worked on the development of a confidential, centralized database to track and monitor students who participate in services.

### *Student Support Groups*

During the 1998–99 school year, 6 support groups were established, in which 45 students participated. The topics of the support groups were:

- ❖ Anger management (two sessions held).
- ❖ Smoking cessation.
- ❖ Grief and loss.
- ❖ Trust and sharing.

School staff and community agency professionals with training in small group facilitation led these groups. The student support groups did not provide therapy, but rather a time and place for students to share their thoughts and concerns in a caring and safe environment. Support groups met one class period per week for approximately 8 weeks. It was anticipated that helping students cope better with their challenges would give them a better chance to achieve academically.

### *Special Health and Wellness Events*

The center’s third significant prevention strategy was to offer health and wellness activities and events for students at Castle High School. The special projects and events that took place in year 2 included:

- ❖ **Publishing a Teen Wellness Directory in student, staff, and parent planners/calendars.** The purpose of the directory was to provide the Castle High School community with access to information about community resources for increased wellness.
- ❖ **Producing a 13-minute educational video and companion resource manual about sexual assault.** The purpose of the video and resource manual, both titled *When the Sun Stops Rising: Three Stories About Sexual Assault*, were to increase students’ knowledge about sexual assault and to foster supportive attitudes towards victims.
- ❖ **Providing outreach and educational materials for forums and a youth festival booth.** The purpose of the outreach was to help students identify areas for health improvement.

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- ❖ **Conducting an Athletic Physicals Day.** The primary purpose of this first-time event was to offer, at a convenient location and at a reduced cost, or free for those in need, the physical examinations necessary to meet state of Hawaii Department of Education requirements for student participation in athletics.

Because several agency representatives on the Castle Wellness Center Leadership Team were also members of the Castle Student Assistance Network Review Team, led student support groups, or assisted with the special events, members of the leadership team were involved in the implementation of many of the projects and programs offered in year 2 of Kaneohe's Title V initiative.

### **Year 3**

In year 3 (October 1999 through September 2000), the Castle Wellness Center continued to implement several projects and programs focused on student health and wellness. Its year 3 activities were directed toward meeting the health and wellness needs of Castle High School students and stabilizing program operations as the center planned for its ongoing sustainability. The prevention activities implemented in year 3 are as follows.

#### *Castle Student Assistance Network Referral System and Review Team*

In year 3, the Castle Student Assistance Network Referral System processed 101 nonduplicated student referrals for services continued from year 2, including academic, career, and personal counseling; health resources information and referral to medical services; mediation and peer listening; and individual and family psychosocial services.

Two factors influenced the implementation of the Castle Student Assistance Network Referral System in year 3. First, the Comprehensive Student Support System was established at Castle High School during the 1999–2000 school year. This state of Hawaii Department of Education initiative required schools to create a system to provide and monitor support services to special education students, as needed. Thus, as the Castle Student Assistance Network Referral System was being revived at Castle High School, the need arose to align it with the new Comprehensive Student Support System process. Second, the review team recognized that, in year 2, some students were being referred for services without having a true need. In year 3, implementation of the referral system also demonstrated some weaknesses in Castle High School's existing support services. As a result of the review team's increased attention to student needs, other support staff, such as the high school counselors, became more involved with student referrals. Many teachers (a primary source of referrals) began going directly to the counselors with student concerns, instead of to the review team. For this reason, during year 3, rather than having regularly scheduled meetings, the review team only met when there was a critical mass of referrals to be reviewed.

#### *Student Support Groups*

Providing and facilitating student support groups were key activities during year 3. During the 1999–2000 school year, 5 support groups were established, in which 45 students participated. The support group topics were:

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- ❖ Anger management.
  - ❖ Smoking cessation.
  - ❖ Teen stress (two sessions held).
  - ❖ Mana Wahine (girls-only group).

### *Special Health and Wellness Events*

The Castle Wellness Center conducted several health and wellness activities and events for students at Castle High School in year 3; these included:

- ❖ Updating the Teen Wellness Directory, which had been published during the previous 2 years.
- ❖ Inviting guest speakers to address health and wellness issues in 10 health and peer education classes.
- ❖ Completing computerized teen wellness screenings with 60 students.

Members of the center's leadership team were involved in the implementation of many of the projects and programs offered during year 3 of the Title V initiative.

### **Identifying and Leveraging Other Resources for Prevention**

Before receiving the Title V grant, the Castle Partnership for Teens had received small grants to implement health and wellness activities for students. To support special initiatives for students, the Castle Wellness Center continued to apply for small grants throughout the 3 years of Title V funding. The other grants for prevention it received included:

- ❖ **A \$1,500 grant from the state of Hawaii's Healthy Mothers/Healthy Babies program.** These funds were used to support leadership team meetings and to purchase materials for the center.
- ❖ **Two \$2,500 grants from the Department of Health to develop programming in sexual assault prevention.** These funds were used to produce the video and resource manual, *When the Sun Stops Rising: Three Stories About Sexual Assault*. The video aired frequently on the local Oleo Community Television stations and was shown at the Mayor's Youth Festival.
- ❖ **A \$3,000 award from the Public School of Hawaii Foundation Good Ideas Grant.** These funds were used to create a wellness walking path and gardens.

### **Factors That Influenced Implementation of Prevention Strategies**

Two factors contributed to the community's success in implementation. The Castle Wellness Center Leadership Team, who led the effort, overcame significant implementation challenges. These included a lack of clear understanding of the Title V model, lack of clear lines of communication and authority between the Hawaii Office of Youth Services and the city and county of Honolulu concerning the Title V initiative, and start-up delays. The center's coordinator played a key role in the implementation's success by overcoming the significant challenges described above and by coordinating the leadership team.

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Several factors hindered implementation:

- ❖ **Start-up delay.** The abbreviated first year of implementation made it difficult to accomplish the planned goals and objectives.
- ❖ **Loss of key leaders.** Shortly after receipt of the Title V grant, the Castle High School principal, a program director of Castle Medical Center, and a key representative of the Kaneohe Community Family Center, all leaders in the original formation of the Castle Partnership for Teens, left their positions. Their leaving left a void in the center's leadership team.
- ❖ **Lack of clear communication.** Because of the large number of agencies and people involved in the Title V initiative, communication among the Hawaii Office of Youth Services, the city and county of Honolulu, Castle Medical Center, and members of the Castle Partnership for Teens was often fragmented and unclear.
- ❖ **Ambitious program goals.** The original grant application included numerous goals throughout the 3-year time period, which required working with several bureaucratic systems (e.g., school administration and agency providers). Sufficient time may not have been allowed to establish new projects requiring collaboration among stakeholders.
- ❖ **Changing state and local requirements.** The institution of the Comprehensive Student Support System process statewide and changes in the role of the Castle High School Guidance Department resulted in the replacement or modification of the planned activities of the Castle Student Assistance Network Referral System and Review Team.

## Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model theoretically should include conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the monitoring and evaluation of the Title V initiative in Kaneohe from 1998 through 2000. It also discusses the factors that influenced that process.

### Monitoring and Evaluating Program Activities

For the Title V initiative in Kaneohe, formal methods of program monitoring and evaluation were not fully implemented. An evaluation plan had been included in the Title V grant application but the Castle Wellness Center coordinator had difficulty implementing the evaluation strategies because they were time consuming, relied on organizations and individuals to share data, and did not provide meaningful information about the center's program outcomes.

As part of the Title V national evaluation, and as an incentive to participate, Title V communities were offered evaluation technical assistance. In Kaneohe, two evaluation technical assistance sessions were conducted. The sessions focused on helping the center's coordinator identify appropriate indicators of effectiveness that could be linked to program activities and the development of a project logic model. Although helpful, the technical assistance was too limited to help the coordinator and the center's leadership team implement a sound evaluation; additional support and sessions would have been helpful.

The leadership team did not have any program evaluation training or in-house expertise. Team members were more involved in the Title V planning and implementation activities. The coordinator tried to recruit someone with strong evaluation skills to join the team because the leadership team recognized that a strong program evaluation would be needed when seeking continuation funding after the conclusion of the Title V grant. Despite the coordinator's efforts to find a community member who had the skills to lead the program evaluation, "[it] has often gone by the wayside."

For the Title V initiative's final report, the city and county of Honolulu required a report on the center's progress in achieving its planned program outcomes, which is summarized in table 2.2.

**Table 2.2: Progress on Title V Initiative Objectives**

Objective	Outcome
<p>Percentage of students receiving services through the Wellness Center network who will improve personal functioning in at least one identified problem area, comparing quarter before services with quarter at discharge:</p> <ul style="list-style-type: none"> <li>• Attendance: Decrease absences from nine or more to five or fewer per quarter.</li> <li>• Academics: Improve GPA by 0.5, or maintain 2.0 GPA.</li> <li>• Behavioral: Decrease number of disciplinary referrals by 25 percent, or maintain zero referrals.</li> </ul>	<p>Reporting a single percentage is difficult because variation exists across the three variables. Only one student was suspended. Out of 17 students, 9 (53 percent) improved their GPA by 0.5 or maintained 2.0. Attendance data show that 6 of the 17 students (35 percent) improved or maintained 5 or fewer absences. Given the extremely small sample, these findings may not be statistically significant.</p>
<p>Percentage of agencies and Castle High School programs coordinating services to Castle High School students by—</p> <ul style="list-style-type: none"> <li>• Participating in the CSAN referral system.</li> <li>• Attending at least one meeting sponsored by the Castle Wellness Center per month.</li> <li>• Sharing data.</li> </ul>	<p>Although determining a single percentage is difficult, eight programs participated in the CSAN referral system, as evidenced by the data they provided for the annual CSAN report and the cancellation of the monthly meeting, which was deemed no longer necessary.</p>
<p>Percent of agencies and school programs reporting satisfaction</p>	<p>Ninety-three percent were satisfied. Castle High School parents, staff and faculty, community agency partners, and a selection of the 350 students who directly participated in CWC activities and events provided responses to the CWC 1999–2000 satisfaction survey.</p>

Note: Reported in September 2000.

The coordinator was not able to collect the data needed to measure progress on the initial objectives established for the Title V initiative. As the Title V plan was being implemented, it became clear that the planned objectives and measurement strategies did not represent the achievements of the Title V initiative accurately. To finish the grant work, receive final payment, and to indicate recognition of the importance of evaluation, however, the coordinator did attempt to collect some data on the objectives retrospectively. The percentages that were reported were calculated on a small sample size and did not represent a statistically significant change in student behaviors or stakeholder satisfaction. According to the coordinator, providing students a positive connection to adults, student groups and activities, and health information may be the center's true outcome.

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## Ongoing Assessment

The coordinator made no attempts to gather risk- or protective-factor indicator data for use in ongoing program planning or to evaluate the initiative's impact on juvenile delinquency. The ongoing assessment of indicator data was not part of the center's program plans.

## Factors That Influenced Monitoring and Evaluation

The Castle Wellness Center coordinator conducted the limited evaluation and monitoring of the Title V initiative in Kaneohe. The original evaluation plan was designed to monitor the progress of the project through a process that included feedback from students, parents, school, and the Castle Partnership for Teens. Although the coordinator assumed this plan would provide the data necessary to assess program outcomes, in reality the information requested was process data. Despite several attempts in year 2 to collect feedback from the stakeholders, the coordinator experienced only limited success. In the end, the amount and type of data collected were insufficient to perform any tests of statistical significance. The requirement for the Kaneohe Title V initiative to report quarterly to the city and county of Honolulu on its program activities resulted in the collection of some process and output data over the implementation period, but program outcome data were not collected systematically.

Two primary factors hindered evaluation. The first was a lack of training and expertise in program evaluation. The center's leadership team and coordinator had expertise in program planning and implementation, but the in-house evaluation expertise needed to direct this effort did not exist. Also, the majority of time spent by the coordinator during the first 2 years of implementation was directed toward setting up systems and structures to operate the center. In year 3, the coordinator's time often was occupied pursuing continuation funding. Evaluation was never a priority.

## Institutionalization

The Title V process of institutionalizing prevention strategies includes sustaining key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. Following the conclusion of the Title V funding in September 2000, the activities of the Castle Wellness Center were continued because Castle Medical Center picked up funding for the wellness center's coordinator position. According to the coordinator, the Castle Medical Center was very supportive and saw continuing support for the project as a good strategy for getting more involved in the community's public schools. In addition, since the 2000–01 school year, Castle High School has received funding from the Hawaii Department of Education Coordinated School Health Program (which is funded in part through the state's tobacco settlement). These funding streams permitted the expansion of program activities beyond Castle High School students.

At the conclusion of the Title V initiative, the Castle Wellness Center Leadership Team ended regular meetings and, according to the center's coordinator, is no longer functioning. Nevertheless, a number of agencies continued to collaborate to provide services through the center, including the American Cancer Society, American Heart Association, American Lung Association, Anorexia and Bulimia Center of Hawaii, Castle Medical Center, Domestic Violence Clearinghouse and Hotline, Hawaii Department of Education, Hawaii Department of Health, Ho'omaka Hou Program, Kaiser Permanente, Kalihi Palama Health Center, Kaneohe Community Family Center, Ke Ola Mamo-Native Hawaiian Health Care,

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K.E.Y. Project, Ohana Medical Group, P.A.R.E.N.T.S., Peer Education Program, Queen Lili'uokalani Children's Center, Sex Abuse Treatment Center, Teen C.A.R.E. of Hina Mauka, and Teen Intervention Program. According to the coordinator, the Title V initiative helped to mobilize the partners to become engaged in prevention programming and to raise awareness of health issues at Castle High School.

The implementation of prevention strategies through the Castle Wellness Center has increased since the conclusion of the Title V initiative, with the addition of the state-funded Coordinated School Health Program. This program funds another staff person to work collaboratively with the wellness center's coordinator on health and wellness issues. The center now provides services to Castle High School and its nine feeder (elementary and middle) schools, known as the Castle complex. This expansion has helped the center become a hub for health and wellness programs and policy development. With the increased funding, the center now funds a wellness leader in each of the nine schools.

The Castle Wellness Center now uses the U.S. Department of Health and Human Services Centers for Disease Control's model for school health. The model helped the center identify its three priorities: physical education, nutrition services, and tobacco-use prevention. The center also continues to focus on other teen health issues, such as sexual health, drug and alcohol use, and safe driving. According to its Web site, the center's services include:

- ❖ Health education.
- ❖ Nutritional services.
- ❖ Healthy school environment.
- ❖ Health services.
- ❖ Physical education.
- ❖ Health promotion for school staff.
- ❖ Parent and community partnerships.
- ❖ Psychosocial support services.

Castle Wellness Center also provides wellness resources (directories, pamphlets, books, videos); individual wellness screening, education, and guidance; tobacco education and smoking cessation services; speakers; special events; and advocacy to promote wellness.

Though, in general, the Title V initiative did not contribute to improvements in program evaluation capacity, there was community interest in documenting needs and targeting strategies to meet prioritized needs. As a result, the community participated in two activities occurring after the end of the Title V grant:

- ❖ **Conducting a community needs assessment.** In conjunction with the Kaneohe Family Center and the Queen Lili'uokalani Children's Center, the Castle Wellness Center received a small planning grant to conduct a needs assessment and develop an action plan for the Castle complex.
- ❖ **Developing a school health index.** The Castle Wellness Center contributed to the development of a school health index, which provides a framework for developing policies and identifying areas to strengthen.

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The center's prevention strategies, a primary component of the Title V initiative in Kaneohe, were institutionalized by the end of the funding period. Other components of the Title V model—community mobilization, and monitoring and evaluation—no longer formally exist. Several factors contributed to the community's success in institutionalization:

- ❖ **Dedication to prevention efforts.** Despite a lack of training and orientation in the Title V model of delinquency prevention, the center's leadership team and coordinator kept projects moving and made midcourse changes when necessary so that the center was a viable project for the Castle Medical Center and the state of Hawaii to fund when the Title V funding ended.
- ❖ **Capitalizing on success.** Although no evaluation data were available to document the center's positive outcomes, anecdotal data on success and buy-in from key stakeholders (e.g., Castle High School and Castle Medical Center) did exist. When funding opportunities like the Coordinated School Health Program were available, the center was a prime candidate for funding based on its perceived successes and its operational capacity.

## Interpretation

The Title V initiative in Kaneohe supported the successful planning, implementation, and institutionalization of the activities of the Castle Wellness Center. Despite the challenges to the Title V initiative in Kaneohe (e.g., lack of communitywide training, limited support from key stakeholders, and abbreviated timelines), the stakeholders completed all of the phases of the Title V model. The case study of Kaneohe provides a good example of (1) defining “community” as a youth population and not a geographical area and (2) leveraging the skills of grassroots organizations in implementing an initiative such as Title V.

The development of the Castle Wellness Center, which was the primary focus of Kaneohe's Title V initiative, contributed to a number of positive accomplishments. These included:

- ❖ **Addressing student concerns.** The Castle Wellness Center allowed Castle High School students to address proactively issues and concerns about their own health behaviors and attitudes.
- ❖ **Developing support for prevention activities.** The Castle Wellness Center provided a structure for the school- and community-based health and wellness organizations to collaborate on prevention activities.
- ❖ **Providing opportunities for additional resources.** The Castle Wellness Center helped formalize prevention strategies that enabled the center to apply for additional grants and funding after the conclusion of the Title V grant.

Although the center did not conduct a formal evaluation of its activities, some anecdotal evidence suggests that its activities had an impact on the lives of individual students who used the services (e.g., smoking cessation or health referrals).

Even with the lack of evaluation data, the center was able to institutionalize and expand many of its prevention strategies at the end of the Title V initiative through its existing partnerships. Since the

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conclusion of the Title V grant, ongoing funding has been supplied through two primary sources: the state Coordinated School Health Program and Castle Medical Center.

## **Summary**

The Title V initiative was not easy for the Kaneohe community to implement. Kaneohe struggled with several phases of the model until it moved into the implementation phase, where its strengths in community collaboration and service delivery were true assets. Despite initial difficulties, positive results (e.g., providing health and wellness services for youth and solidifying school-community partnerships) were noted anecdotally, but not empirically, from the implementation of the Title V initiative in this community.

## **Title V in Hawaii: Concluding Remarks**

In Hawaii, Title V represented one of the first opportunities for the state and local governments to work collaboratively with communities on the issue of delinquency prevention. As noted previously, juvenile justice and youth programming activities in Hawaii are primarily a state-level activity. So the contractual protocols and working relationships that were needed to implement Title V in Kaneohe were not preexisting. In addition, the lack of a shared understanding and training about the Title V process often led to misunderstandings about the goals and plans for prevention activities.

However, one key aspect of Hawaii's Title V implementation was its ability to utilize the capacity of local community groups to formally participate in delinquency prevention activities. Whereas community groups, such as the Castle Partnership for Teens in Kaneohe, had been informally involved in providing services to youth at Castle High School, through Title V the state was able to provide funding and support to formalize and expand these services. Although Kaneohe faced some difficulty completing parts of the Title V process, such as the initial assessment and evaluation of program activities, it had a number of successes in formalizing the implementation of its prevention strategies and institutionalizing its activities at the completion of the Title V funding.

The case study of Hawaii and Kaneohe demonstrates that despite the unique challenges of implementing the Title V model—limited prior experience in state-local partnerships for delinquency prevention, lack of communitywide training, limited support from key stakeholders, and abbreviated timelines—the stakeholders were able to implement prevention strategies based on local needs and sustain the activities after the conclusion of funding. Even though all stages of the model may not have been implemented fully, or as designed, the essence of the Title V model was achieved in Kaneohe, Hawaii.